



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

www.hivcommission-la.info

JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES

February 16, 2011

Approved
2/27/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Whitney Engeran-Cordova, <i>Co-Chair</i>	Lee Kochems, <i>Co-Chair</i>	Terry Smith	None	Jane Nachazel
Carla Bailey	Kyle Baker			Craig Vincent-Jones
Robert Butler	Carrie Broadus			Nicole Werner
Nettie DeAugustine	Juan Rivera			
Michael Johnson	Kathy Watt			
Stephen Simon				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Joint Public Policy (JPP) Committee Agenda, 2/16/2011
- 2) **Minutes:** Joint Public Policy (JPP) Committee Meeting Minutes, 1/19/2011
- 3) **Table:** Los Angeles County Commission on HIV, Joint Public Policy (JPP) Committee, FY 2010 Work Plan, 2/16/2011
- 4) **Table:** Los Angeles County Commission on HIV, Joint Public Policy (JPP) Committee, Initial Draft FY 2011 Work Plan, 2/16/2011
- 5) **Memorandum:** Guidelines for Nomination of Non-Commission Committee Members, 12/6/2006
- 6) **Memorandum:** Reorganizing the Los Angeles County Commission on HIV to Ensure Continuity of Effective HIV Services in a Rapidly Evolving Health Care Environment, 2/9/2011
- 7) **Table:** Health Care Reform Plan (Initial Draft), 2/16/2011
- 8) **Summary:** Health Care Reform/1115 Waiver Public Hearing, 2/10/2011
- 9) **Motion:** City Council Request to City Attorney regarding Film Permit Process, 2010
- 10) **Letter:** To Diana Dooley, Secretary, California Health and Human Services, draft, 2/15/2011

1. **CALL TO ORDER:** Mr. Engeran-Cordova called the meeting to order at 2:05 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (**Passed by Consensus**).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 1/19/2011 Joint Public Policy (JPP) Committee Meeting Minutes, as presented (**Passed by Consensus**).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMITTEE COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMITTEE COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
 - A. **Co-Chair Elections:** Co-Chair nominations were Messrs. Butler, Kochems and Simon. Mr. Vincent-Jones reported Messrs. Butler and Simon have accepted their nominations, while Mr. Kochems declined.
MOTION #3: Elect Robert Butler and Stephen Simon Co-Chairs of the Joint Public Policy Committee (**Passed: Ayes**, Bailey, Butler, DeAugustine, Engeran-Cordova, Johnson, Simon; **Opposed**, none; **Abstentions**, none).

B. Committee Work Plan:

1) Work Prioritization:

- Mr. Vincent-Jones has incorporated revisions to the FY 2010 Work Plan as discussed. He noted all policies/procedures have been removed from all FY 2011 Work Plans. He is maintaining a separate list of all those identified and will address individual policies/procedures as needed for various processes.
- ➡ Messrs. Butler and Simon will review the FY 2011 Work Plan with Mr. Vincent-Jones and return it to the March meeting for JPP review. It will be sent out to the Committee in advance if possible.

C. Committee Meeting Day/Time:

- ➡ Move meeting time to 4th Wednesday of the month, 2:00 to 5:00 pm.

D. Non-Commission Committee Members:

- Mr. Vincent-Jones said JPP was the last remaining committee to fully consider whether it wanted to include non-Commission committee voting members. Such members may constitute up to one less than quorum per County limits.
- Mr. Vincent-Jones added all Committee applications include a Statement of Qualifications required by the Board. Once forwarded by a committee, Operations verifies that the applicant meets committee requirements and it is forwarded to the Commission for approval and the Board for appointment.
- JPP has not considered other member categories other than PPC. He noted Kevin Farrell, CHIPTS, may apply for JPP Committee membership.
- Mr. Engeran-Cordova questioned the effect of the PPC re-organization if it does not include JPP. Mr. Smith replied some had been concerned the PPC was not an equal voting partner, but that has now been cleared up. He continued that the discussion prompted a decision to increase PPC membership capacity concerning policy. The original goal was to complete the re-examination by May or June 2011. Mr. Smith added that PPC has been discussing how to be a better partner.
- The PPC does not have authority over prevention decisions, but has Prevention Plan discussions such as on biomedical interventions and the conflict between OAPP counseling/testing goals and monitoring restrictions. Part of PPC's concern with JPP is that it receives a completed legislative docket for vote despite little input in development and little discussion of non-legislative policy aspects. Mr. Vincent-Jones expressed support for PPC's interest in participating earlier in the process, noting that input is actively sought at the JPP Committee.
- Several supported incentivizing other non-Commission community expertise. Mr. Engeran-Cordova recommended limiting slots to three, first come/first served, at JPP's pleasure. Mr. Johnson suggested identifying specific skill sets. Mr. Vincent-Jones cautioned that criteria is necessary against which to evaluate potential membership needs.
- ➡ Co-Chairs Butler and Simon will work with Mr. Vincent-Jones to draft criteria for presentation in March.
- ➡ Add Commission/PPC Integration Task Force Report to March Committee agenda under Co-Chairs' Report.

MOTION #4 (Butler/Simon): Approve JPP non-Commission committee members for community expertise in addition to those already approved as recommended by the PPC (**Passed by Consensus**).

8. HEALTH CARE REFORM/1115 WAIVER:

- Mr. Johnson said the County has shifted its focus to specialty clinics as its primary revenue stream and is looking closely at cost effectiveness. This is an opportunity to assure PWH access.
- Mr. Johnson reported initial Department of Health Services (DHS) Medicaid expansion plans have been filed with the State. The Seniors and Persons with Disabilities (SPDs) population is estimated at 172,000. 115,000 of those will be in LA Care including 27,600 under DHS. 3,700 of the DHS population will have their primary medical home under the PPP program.
- Nevertheless, estimates vary among OAPP, DHS and State estimates from Medi-Cal. In addition, SPDs only include those PWH who are disabled. Questions remain about plans for those Medi-Cal PWH who are not disabled.
- Mr. Vincent-Jones noted Casewatch identifies those eligible for Medi-Cal, but not who is actually enrolled in Medi-Cal. Medi-Cal uses CPT codes, so has difficulty identifying PWH. Mr. Johnson felt DHS population data would be better due to their electronic data system.
- Mr. Vincent-Jones suggested using modeling to identify Medi-Cal PWH as a percentage of the CPT code for testing. He also felt the surveillance system was now accurate enough that Dr. Douglas Frye, Chief, HIV Epidemiology, may be able to help.

- Mr. Johnson is less concerned about the DHS population as the County will be part of the LA Care provider network. SPDs will be asked where they receive care and default to their current physician if possible. If not, they may choose a plan or default first to a clinic, then to a city. The goal is to provide as convenient care as is possible.
- Not all contracted providers have LA Care or Community Health Plan relations. The Board has asked DHS about consumer education plans. He suggested County coordination to best advocate for choice, but not for plans that are prohibited.
- Mr. Johnson said JPP can play a key role in ensuring the Board asserts jurisdiction over LA Care, a County construct, so it can effect any needed corrections. Mr. Simon asked how rules and regulations are developed. Mr. Johnson replied the State Department of Managed Health Care sets rules and regulations for all California plans. LA Care also has its own handbook.
- Mr. Engeran-Cordova noted one way HMOs stay profitable is to be paid for people whether they go to the physician or not. Healthy people are cheaper. The key difference between HIV populations is whether the person is HIV+ or diagnosed with AIDS. If the rate were higher for those with AIDS, then preventive care for the person who is HIV+ is disincentivized. That is opposite to the goal of preventive care for HIV+ people, so supporting preventive care becomes more complex to explain.
- Mr. Vincent-Jones asked if Medicaid has different SPD reimbursement rates. Mr. Johnson replied there is a flat per month rate and an accelerator rate that reflects acuity change. HIV managed care plan provider rates differ, and are proprietary.
- Mr. Engeran-Cordova noted AIDS Healthcare Foundation (AHF) is a \$300 million organization. Most providers are under \$5 million, so are less flexible. Yet many have built-in expertise for specific populations which must be preserved. Mr. Vincent-Jones noted the Commission cannot address specific providers, but can address concerns for various provider profiles.
- Mr. Engeran-Cordova said RW funding might be used to cushion transition for community providers. Mr. Vincent-Jones felt RW reauthorization was a key Work Plan subject. He added that it is also necessary to assess efficiency of the current system. Once 23 providers were needed, but they all may not be needed 20 years later.
- ➡ Mr. Johnson will initiate conversation about LA Care with Dr. Mitch Katz, Nina Parks and Dr. Michael Roybal.
- ➡ Mr. Engeran-Cordova will schedule a managed care meeting to include testing with Insurance Commissioner Dave Jones.

9. NATIONAL HIV/AIDS STRATEGY (NHAS):

- Mr. Engeran-Cordova noted there was \$88 million for ADAP in the Continuing Resolution (CR) with a recent clarification that \$60 million is intended for distressed ADAPs leaving an increase of \$28 million. California received distressed funds last time. It may receive the funds again since a new mechanism is unlikely under the CR.
- The President's proposed budget maintains flat RW funding overall with small increases to ADAP and for cost-of living.
- ➡ Track dispersal of ADAP funds to ensure application to the \$18.6 million sought in savings rather than to General Funds.
- ➡ Initiate work on formula letter indicated on Work Plan beginning with the prospect of additional funds and listing priorities.

10. STATE POLICY:

- Mr. Engeran-Cordova reported on AB 491 (Portantino), sponsored by AHF. One added provision is a 700,000 testing goal proportionate to the NHAS goal. Another moves prevention dollars with the epidemic and supersedes Dr. Roland's formula.
- The legislation also ensures asymptomatic PWH can enter Medi-Cal. While it is already a legal provision, the State has not implemented it. It is also AHF's view that the law requires rates for PWH to be consistent and at a level that will allow people to access care.
- Mr. Vincent-Jones asked about routine testing. Mr. Engeran-Cordova said it was not included as some provisions are included in other legislation. Mr. Vincent-Jones said overall opt-out has worked and suggested a greater emphasis on it.
- ➡ Schedule a Budget Strategy Work Group lunch to review AB 491 regarding routine HIV testing. Those participating will be: Messrs. Baker, Fox, Engeran-Cordova, Simon, Smith and Vincent-Jones.
- ➡ Ensure the HCR Work Plan section addresses response if Medicaid expansion moves more quickly than projected.

11. LOCAL POLICY:

A. **Corrections Work Group:** The next meeting will be scheduled in March.

B. **STD Control in the Adult Film Industry:**

- Mr. Engeran-Cordova reported that Cal-OSHA intends to propagate new regulations. He noted AHF has filed 25 new complaints with Cal-OSHA. It also demonstrated at the X-Biz awards. X-Biz has moved a planned exposition from Los Angeles to London, but AHF will follow them to demonstrate there as well.
- Mr. Vincent-Jones noted JPP chose to hold action pending Cal-OSHA determinations. One potential action was to initiate legislation to strengthen enforcement of Cal-OSHA rules and regulations. It would not address condoms

because the provision is already covered by Cal-OSHA regulations. Another potential action was to address a complementary response locally.

- Mr. Engeran-Cordova said AHF had not decided whether to seek legislation. It may be possible to gut and amend a bill that grants Cal-OSHA power based on regulations if Cal-OSHA promulgates regulations by June. The industry has abandoned the effort to have testing and condoms seen as equivalent measures and support for condom usage in adult films seems to have grown in the blogosphere.
 - On the local response, Mr. Engeran-Cordova said he spoke to the Board of Supervisors. Mayor Antonovich promised the Department of Public Health (DPH) would do a report.
 - He added DPH has become aggressive with the Adult Film Industry, including a cease and desist order to the AIM clinic, but it re-opened as a private non-profit. AHF filed a complaint with the Attorney General as non-profit assets cannot transfer to a for-profit entity without due process, but the State has not yet acted. The County overall is more involved, e.g., they are investigating custodians of records, and contact tracing was performed on the most recently infected patients.
 - The LA Film Board provides permits for films and the City and the County contract with the LA Film Board. The goal is to ensure LA film contracts are amended to require condoms and to initiate a complementary fee structure.
 - Mr. Butler noted public perception questions whether those becoming infected may be doing so privately and, if so, that is a private intrusion. It needs to be better explained. Mr. Engeran-Cordova replied that if proper public health standards were in place, the question would be moot. This is a work place issue about a product that happens to involve sex.
- ➡ Follow-up on the DPH report with Ms. Hamai.
- ➡ Follow-up with Mr. Engeran-Cordova to address issue jointly with the County and City in work group.

12. BUDGET POLICY:

A. Budget Strategy Work Group:

- Mr. Vincent-Jones said the Budget Strategy Work Group developed the draft letter to Diana Dooley, Secretary, Health and Human Services, in the packet. It asks how much of the estimated \$18.6 million in projected ADAP savings is from patients forced from the system, the number of such patients, extent of estimated costs due to loss of care, and how patient losses are estimated in overall ADAP patient increases.
 - He said the State has said it was still discerning those numbers, but that is unlikely since the cost savings are identified.
 - The letter is addressed to Ms. Dooley as Michelle Roland, Chief, Office of AIDS, asserts no authority on such decisions.
- ➡ Send letter to Ms. Dooley and to Legislature Committee staff on 2/17/2011.

B. Strategy for ADAP Reform Proposals: There was no additional discussion.

13. PUBLIC POLICY INITIATIVES: There was no additional discussion.

14. BENEFITS POLICY: There was no additional discussion.

15. POLICIES AND PROCEDURES: There was no additional discussion.

16. COMMUNITY COLLABORATIONS: There was no additional discussion.

17. COMMITTEE OPERATIONS: This item was postponed.

18. WORK PLAN REVIEW: This item was postponed.

19. ANNOUNCEMENTS: There were no announcements.

20. ADJOURNMENT: The meeting adjourned at 4:40 pm.